Department of Personnel Administration

LAYOFF PLAN AND REQUEST FOR PRELIMINARY SENIORITY SCORES

DPA-009 (REV. 01/08)



TO: D-22 DATE:

Department of Personnel Administration Classification and Compensation Division 1515 "S" Street, North Building, Suite 400

Sacramento, CA 95811-7258

FROM: Personnel Office

SUBJECT: Layoff Plan and Request for Preliminary Seniority Scores

Section I – Background/Justification

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Section II - Preliminary Seniority Scores Request

Department Name:

Preliminary seniority scores are requested for the following classes in the areas shown (if additional space is needed, attach more pages): *Note: List Exact Agency Code(s) of Where Each Position is Located.

Class			Number of	Incumbents	Area of Layoff	
Code	Class Title	CBID	Total	Surplus	Agency Code*	County Code

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Section III - Certifications by Requesting Department

Please certify that each of the following has been accomplished prior to submitting this request to the Department of Personnel Administration (DPA) by initialing in the space provided.

, ,			ork have been posted to employed disconnersation [CCD] Analyst to	
	(Initial)			
(b)	Affected employe	es have been surveyed for	prior exempt service using DPA I	Form 004.
		No prior service indicated.		
		Prior exempt service inc	luded.	
		Prior exempt service do	cumentation is pending.	
	(Initial)			
(c)	Demotional chart	s are attached to this reque	st.	
	(Initial)			
(d)	A list of classes a	and numbers of positions to	be designated surplus or SROA i	s attached.
	(Initial)			
epartr	ment's Verifying/lı	nitialing Officer		
Printed	Name		Position Title	
Signatu	ıre	Date	Phone Number	Fax Number

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DPA Approval						
I certify that sections I, II, and III of this request have been completed.						
Signature (CCD Analyst)	Date					
I have received the certified preliminary seniority request from the	above CCD Analyst.					
Signature (Service and Seniority Unit Supervisor)	Date					